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Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM 23044

SUNDRY NOTICES AND REPORTS ON W Do not use this form for proposals to drill of to abandoned well. Use Form 3160-3 (APD) for suc	re-enter an Vanager	6. If Indian, Allottee or Tent	Tribe Name
SUBMIT INTRIPLICATE - Other instructions on page 2		7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well			
Oil Well Gas Well Other		8. Well Name and No. Schalk 32 1A	
2. Name of Operator LOGOS Operating, LLC		9. API Well No. 30-039-30915	
3a. Address 2010 Afton Place 3b. Phone No. (include area code) (505) 787-2218		10. Field and Pool or Exploratory Area Basin Fruitland Coal	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)		11. Country or Parish, State	
1965 FNL & 660 FWL, SW/NW, E Sec 32 T31N R04W		Rio Arriba County, NM	
12. CHECK THE APPROPRIATE BOX(ES) TO INI	DICATE NATURE OF NOTI	CE, REPORT OR OTHE	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent Acidize Deep Alter Casing Hydr	4000000	uction (Start/Resume)	Water Shut-Off Well Integrity
✓ Subsequent Report ☐ Casing Repair ☐ New	Construction Reco	mplete	Other
	and Abandon Temp	oorarily Abandon	
Final Abandonment Notice Convert to Injection Plug	Back Wate	r Disposal	
the Bond under which the work will be perfonned or provide the Bond No. on ficompletion of the involved operations. If the operation results in a multiple compound completed. Final Abandonment Notices must be filed only after all requirement is ready for final inspection.) The following well was shut in more than 90 days, unloaded the well and Tubing PSI: 143 Casing PSI: 221 Line PSI: 110 Initial MCF: 40 Allocation Meter: 25045 Meter: 97492 Transporter: Huber System	apletion or recompletion in a sis, including reclamation, have and re-delivered on 10/12/20 AC	new interval, a Form 316 e been completed and the	0-4 must be filed once testing has been operator has detennined that the site
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Marie E. Florez	Regulatory Specialis	st	
Signature MMA XW12	Title Date	12/12/201	8
THE SPACE FOR FEDI	EDAL OD STATE OF	ICE LISE	
	LINAL ON STATE OF	ICE USE	
Approved by	Title	Da	te
Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lewhich would entitle the applicant to conduct operations thereon.	tor	ĮDa	
Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for an any false, fictitious or fraudulent statements or representations as to any matter within		fully to make to any depa	rtment or agency of the United States

(Instructions on page 2)

